01823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morgnec R.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.D #1
STREET ADDRESS (If rural, give location) Morgnec

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Marie (Last) Bartz

4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 12 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August Zinn
14. MOTHER'S MAIDEN NAME Caroline Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Emil Bartz - Chestertown R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure not organic — INTERVAL BETWEEN ONSET AND DEATH 3 days

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Flu from history of family

(c) when I first saw her

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age. General debility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952, to Feb 2 1952 that I last saw the deceased alive on 2-3-, 1952, and that death occurred at 6-45 a.m., from the causes and on the date stated above.

SIGNATURE H P Copeland (Degree or title) MD ADDRESS Chestertown Kent DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 7, 1952
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REG. Feb. 6-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Md. ADDRESS

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 11 1952
BUREAU V. S.

01824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Still Pond - LENGTH OF STAY (in this place) for life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Still Pond -
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LILLIE (Middle) (Last) BROOKS
4. DATE OF DEATH (Month) FEB (Day) 6 (Year) 1952
5. SEX F
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT 31, 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME LEONARD BANKS
14. MOTHER'S MAIDEN NAME GERTRUDE BROOKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-18-5681
17. INFORMANT AND ADDRESS ALONZA BROOKS STILLPOND, MD. WORTON (P.O.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EDEMA

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RIGHT HEART FAILURE

(c) CORONARY THROMBOSIS (PROBABLE)

3 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIAL HYPERTENSION — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased from ....., 19....., to ....., 19....., that I last saw the~~ deceased died ~~alive~~ on 2-6, 1952, and that death occurred at 9:23 P m., from the causes and on the date stated above.

SIGNATURE Robert W. Fair (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 2-6-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 2/10/52
NAME OF CEMETERY OR CREMATORY Coleman Horton Rural Md
LOCATION (City, town, or county) Horton Coleman (State) Md

DATE REC'D BY LOCAL REG. 2/10/52
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR C B R Fellows ADDRESS Still Pond Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
FEB 13 1952
BUREAU V. S.

1887

MARYLAND STATE DEPARTMENT OF HEALTH

01825

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton, Md. — LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Worton Pt.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia — COUNTY Mathews Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gwynns Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Elijah (Last) Buchanan
4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	W	Jan 21, 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fisherman	Retired	Mathews County, Va.	U.S.A.

13. FATHER'S NAME Elijah Buchanan
14. MOTHER'S MAIDEN NAME Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	Mrs. Leonard Jones, Worton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic cardiovascular Disease	9 years
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/30, 19 51, to 2/24, 19 52, that I last saw the deceased alive on 1/3, 19 52, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE Robert E. Evans, M.D. (Degree or title) ADDRESS Chesterton, Md. DATE SIGNED 2/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1952	Gwynns Island Cmty	Gwynns Island, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/27/52	E. Leonard Jones	B.R. Fellows Still Pond, Md.

VS. A15

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FEB. 28 1952
BUREAU V. S.

01826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 Wash. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Same) COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 210 Wash. Ave.

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) GEORGE (Last) CALDWELL
4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Feb. 25, 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business for Self
10b. KIND OF BUSINESS OR INDUSTRY Electrical Appliance
11. BIRTHPLACE (State or foreign country) Massey, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME SAMUEL CALDWELL
14. MOTHER'S MAIDEN NAME Wilhelmina Hurt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. S. G. Caldwell - Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	24 HRS.
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis - left hemiplegia	2 weeks
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Feb. 20, 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE Robert E. Ensor, M.D. (Degree or title) ADDRESS Chestertown, Md. DATE SIGNED 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 23, 1952
NAME OF CEMETERY OR CREMATORY Galena Cemetery
LOCATION (City, town, or county) Galena Kent Co (State) Md.

DATE REC'D BY LOCAL REG. Feb. 21-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

RECEIVED
FEB 25 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01827

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; MARYLAND; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 536 W. High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Same); COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) ELSWORTH (Last) COOPER

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec. 13, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Chief of Police

11. BIRTHPLACE (State or foreign country): Kent County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Cooper

14. MOTHER'S MAIDEN NAME: Georgetta Arguedine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Fred Robinson, Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	one week
420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to 2/18, 1952, that I last saw the deceased alive on 2/18, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Ewer, M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 2/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 22 1952

NAME OF CEMETERY OR CREMATORY: Chestertown Cemetery (Chester)

LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: Feb. 21 1952

REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR / ADDRESS: Marion K. Williams — Chestertown Md.

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FEB 25 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton Md
LENGTH OF STAY (in this place): 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Betterton Md COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Young (Last) Crew

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb 5 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Wood Work

11. BIRTHPLACE (State or foreign country): Betterton Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Crew

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: 217-16-1485

17. INFORMANT AND ADDRESS: Mrs Elsie Crew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Endocarditis	6 mo.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) & Arterial Sclerosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb 8th 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title): M.D. ADDRESS: Still Pond Md DATE SIGNED: 2/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb 10/52
NAME OF CEMETERY OR CREMATORY: Still Pond cem
LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: 2/10/52
REGISTRAR'S SIGNATURE: E Kennard Jones

24. FUNERAL DIRECTOR: B R Fellows ADDRESS: Still Pond Md.

RECEIVED
13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton Md — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Betterton — COUNTY: Kent — Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS: — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs Laura (Middle) L (Last) Crew
4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug 31 1884 68
9. AGE last birthday: 83 ~~84~~ yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Betterton Md
12. CITIZEN OF WHAT COUNTRY? usa.
13. FATHER'S NAME: Eben W Crew
14. MOTHER'S MAIDEN NAME: Laura Owens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Louise Crew Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition

X Antecedent cause(s) (b) Malnutrition

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Bronchitis — 1 week

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Lobar Pneumonia 2 years ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1952, to Feb 27, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE: James Edwin Dedman (Degree or title) MD — ADDRESS: Betterton Md — DATE SIGNED: Feb 28 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Still Pond cemetery — LOCATION (City, town, or county): Still Pond — (State): Md

DATE REC'D BY LOCAL REG.: 2/29/52 — REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: B. R. Fellows — ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1952
BUREAU L. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md — LENGTH OF STAY (in this place): 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Worton R — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md
STREET ADDRESS (If rural, give location): Head of Still Pond Creek

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Harrison (Last) Elliott
4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 9 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager
10b. KIND OF BUSINESS OR INDUSTRY: Car Consolidate Bureau Co
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fredrick H Elliott
14. MOTHER'S MAIDEN NAME: Mary Kline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: 164-011-716
17. INFORMANT AND ADDRESS: Irene Elliott Worton (rural) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probable coronary thrombosis — Edit time only

4201 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Recurrent gastrointestinal hemorrhage (2 in number) with multiple transfusions. — 2 years

(c) Attacked jaundice (hepatitis?) following last time — 6 months

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Jaundice in Aug or Sept 1950. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: mild icterus noted at death.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1952, to 2-27, 1952, that I last saw the deceased alive on 2-27, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: R Hart Warr — (Degree or title): M.D. — ADDRESS: Chestertown, Md — DATE SIGNED: 2-28-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: Mar. 2, 1952 — NAME OF CEMETERY OR CREMATORY: Still Pond cemetery — LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: 2/29/52 — REGISTRAR'S SIGNATURE: E. Kennard Jones — 24. FUNERAL DIRECTOR: B.R. Fellows — ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) all 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharptown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Sharptown

3. NAME OF DECEASED (Type or Print) (First) William (Middle) McKinley (Last) Gaines (Gaines)
4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1952
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 27 1908
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Labour) Oyster Shucking
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Rock Hall, Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joshua Gaines - R. Hall, Md
14. MOTHER'S MAIDEN NAME Rosie Butler - R. Hall, Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-03-4471
17. INFORMANT AND ADDRESS Mary Etta Johnson - Rock Hall, Maryland

18. MEDICAL CERTIFICATION (Sister)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured esophageal varices — INTERVAL BETWEEN ONSET AND DEATH: Immediate

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1952, 19....., that I last saw the deceased alive on Feb 25, 1952 and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD ADDRESS Rock Hall, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 28, 1952
NAME OF CEMETERY OR CREMATORY Sharptown Cemetery
LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE REC'D BY LOCAL REG. Feb 27/52
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Md. ADDRESS

RECEIVED
MAR 3 1952
BUREAU U. S.

Item 21 Film G140 3-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Chestertown
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Worton Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Luther (Last) Jones

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1952

5. SEX: M — **6. COLOR OR RACE:** W — **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** — **8. DATE OF BIRTH:** Aug 18, 1929 — **9. AGE last birthday:** 22 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — **10b. KIND OF BUSINESS OR INDUSTRY:** Cannery — **11. BIRTHPLACE** (State or foreign country): Church Hill, Md. — **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Robert Paul Jones, Sr — **14. MOTHER'S MAIDEN NAME:** Rosabelle Hurtt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — **16. SOCIAL SECURITY NO.:** 214-30-8652 — **17. INFORMANT & ADDRESS:** Mrs. Gladys Jones, (wife) Worton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

891.5

Immediate cause (a) Carbon monoxide poisoning — Dr. Thomas

DUE TO

Antecedent cause(s) (b) (60% concentration CO hemoglobin)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway — (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md

TIME OF INJURY (Month) 2 (Day) 16 (Year) 52 (Hour) ? M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Exhaust fume engine leaked into car - parked with engine running

22. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... that I last saw the deceased alive on 2-16, 1952, and that death occurred at about 4 am, from the causes and on the date stated above.

SIGNATURE: Robert Dean — (DEGREE OR TITLE) M D — ADDRESS: Chestertown, Md — DATE SIGNED: 2-17-52

23. BURIAL, CREMATION REMOVAL, (Specify): — DATE THEREOF: Feb. 19, 1952 — NAME OF CEMETERY OR CREMATORY: Church Hill Cem. — LOCATION (City, town, or county) (State): Church Hill Maryland

DATE REC'D BY LOCAL REG.: Feb. 19-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes — **24. FUNERAL DIRECTOR** — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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FEB 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11833

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FANNY (Middle) J. (Last) MOORE

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 21 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Alfred Kirk

14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: James L Moore Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart-Disease — Interval Between Onset and Death: 3 yrs at least

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 4 days

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1951, to Feb 19, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 9 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. H. Hamilton M.D. Millington, Md Feb 22 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb 23 1952
NAME OF CEMETERY OR CREMATORY: Millington Cem.
LOCATION (City, town, or county) (State): Millington Md.

DATE REC'D BY LOCAL REG.: Feb. 22. 1952
REGISTRAR'S SIGNATURE: Edward Fellows
24. FUNERAL DIRECTOR: Edward Fellows
ADDRESS: Millington Md.

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FEB 27 1952
BUREAU V. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Swan Point

3. NAME OF DECEASED (Type or Print) (First) Budd (Middle) F. (Last) Potts
4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 9 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Queen Annie's County Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Potts (Late)
14. MOTHER'S MAIDEN NAME Catherine Shriner (Late)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Harvey Coleman - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia - pneumonia	One wk.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - Nephrosclerosis	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While ~~at~~ Not While Work ☐ At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 12, 1952, to Feb 19, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith MD (Degree or title) ADDRESS Rock Hall, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 21 1952
NAME OF CEMETERY OR CREMATORY Crumpton Cemetery
LOCATION (City, town, or county) Crumpton Queen Anne Co. (State) Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Maryland

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FEB 25 1992
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

VS. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena; MARYLAND; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Rhoda (Middle) C. (Last) Scotten

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 23 1875

9. AGE last birthday: 76 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Galena, Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Mulford

14. MOTHER'S MAIDEN NAME: Annie Miller (Sate)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mrs Selma Scotten - Galena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Coronary disease — 3 years

(c) Hypertension — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 10, 19 52, to Feb 21, 19 52, that I last saw the deceased alive on Feb 20, 19 52, and that death occurred at 9 20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H H Hamilton M.D. Millington Md 2/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 24, 1952 | NAME OF CEMETERY OR CREMATORY: Galena Cemetery | LOCATION (City, town, or county) (State): Galena Maryland

DATE REC'D BY LOCAL REG. Feb 23, 1952 | REGISTRAR'S SIGNATURE: Elizabeth J. Mulford | 24. FUNERAL DIRECTOR: Mann V. Williams | ADDRESS: Chestertown Md.

RECEIVED
FEB 26 1952
BUREAU V. S.

Items 8, 9 FilmG139 2/18/52 whw

01836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentown Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Sykes

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-4-1884

9. AGE last birthday: 67 Years

If under 1 year: Months — Days

If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial fishing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Betterton, Kent, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Sykes

14. MOTHER'S MAIDEN NAME: Hannah Wilhemina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the ascending colon — ?

153x

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis; Malnutrition

19a. DATE OF OPERATION: 2-6-52

19b. MAJOR FINDINGS OF OPERATION: Mass in ascending colon; distended loops of bowel

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952, to 2-9, 1952, that I last saw the deceased alive on 2-9, 1952, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

SIGNATURE: A. J. Dick — (Degree or title) M.D. — ADDRESS Chestertown, Md. — DATE SIGNED 2-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/12/52 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: Feb. 11-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes

24. FUNERAL DIRECTOR — ADDRESS: B.R. Fellows Still Pond, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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FEB 13 1952
BUREAU V. S.

Item 9 FilmG139 2/8/52 wlw

Facts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01837

CERTIFICATE OF DEATH

Reg. Dist. No. 20\1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton Md
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Fountain COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton md.
STREET ADDRESS (If rural, give location) Worton md

3. NAME OF DECEASED (Type or Print): (First) Roland (Middle) (Last) Wilson
4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: unknown
9. AGE last birthday: 50? unknown yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Rural Worton Md Colemans
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Wilson
14. MOTHER'S MAIDEN NAME: Annie Hilmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: no 218-09-5077
17. INFORMANT AND ADDRESS: Lussie Wilson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 4 weeks

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1952, to 2-1, 1952, that I last saw the deceased alive on 2-1, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert W Foard MD — ADDRESS Chestertown Md — DATE SIGNED 2-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb 3 1952 | NAME OF CEMETERY OR CREMATORY: Colemans Cemetery | LOCATION (City, town, or county) (State): Rural Worton md

DATE REC'D BY LOCAL REG. 2/2/52 | REGISTRAR'S SIGNATURE E Kunard Jones | 24. FUNERAL DIRECTOR: R R Cullen Still Pond Md — ADDRESS

CORONARY THROMBOSIS

RECEIVED
FEB 5
BUREAU V.S.S.